

FEB 28 2005

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 550.00**Complete if Known**

Application Number	10/689,402
Filing Date	October 20, 2003
First Named Inventor	Peng Zhang, et al.
Examiner Name	B. S. Carrillo
Art Unit	1746
Attorney Docket No.	06412 USA

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 01-0493 Deposit Account Name: Air Products and Chemicals, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
_____ - 20 or HP = _____	x	50	=	_____
				Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 3 or HP = _____	x	200	=
			0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x	250	=
				0

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Other: Additional Claims (7 Claims and 1 Independent)

Fees Paid (\$)

550

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	47,321	Telephone	610-481-8169
Name (Print/Type)	Rosaleen P. Morris-Oskanian			Date	2-24-2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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EFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/689,402 : Confirmation No.: 2570
Applicant : Peng Zhang
Filed : 10/20/2003
For : PROCESS SOLUTIONS CONTAINING SURFACTANTS USED AS
POST-CHEMICAL MECHANICAL PLANARIZATION TREATMENT

Art Unit : 1746
Examiner : B. S. Carrillo

Docket No. : 06412 USA
Customer No. : 23543

Commissioner for Patents
P.O. Box 1450
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	(Type or print name of person mailing paper)
	<u><i>Rosaleen P. Morris-Oskanian</i></u>
	Signature of person mailing paper

Amendment and Response

Sir:

The following is responsive to the Office Action dated September 24, 2004:

- ☒ A 2 month extension of time is requested and authorization to charge the Account of assignee is provided in an enclosed form.
- ☐ Amendments to the Specification begin on page _____ of this paper.
- ☒ Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.
- ☐ Amendments to the Drawings begin on page _____ of this paper and include an attached replacement sheet(s).
- ☐ Amendments to the Abstract are on page _____ of this paper. A clean version of the Abstract is on page _____ of this paper.
- ☒ Remarks/Arguments begin on page 14 of this paper.

03/01/2005 EABUBAK1 00000051 010493 10689402

01 FC:1201 200.00 DA
02 FC:1202 350.00 DA